MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40426-A

File No.

Registered No.

1. PLACE OF DEATH
County _Christian_
Township _Linden_   Registration District No. _185_
City _Rogersville mo._   Primary Registration District No. _5-25-9_
(No.) _____ St. _____ Ward.

2. FULL NAME _Lucy Ann Chaffin_

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)   (If nonresident, give city or town and State)
Length of residence in city or town where death occurred   yrs.   mos.   ds.   How long in U. S., if of foreign birth?   yrs.   mos.   ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF _Jess Chaffin_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Feb 19 1854_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	77	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _House Keeper_
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Arkansas_

FATHER
13. NAME _James Holland_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Tennessee_

MOTHER
15. MAIDEN NAME _Mary Edmonds_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Georgia_

17. INFORMANT (ADDRESS) _Jess Chaffin_   _Rogersville Mo R.F._
18. BURIAL, CREMATION, OR REMOVAL   PLACE _Roller Cemetery_   DATE _Dec. 18_ 1931
19. UNDERTAKER (ADDRESS) _T. B. Chaffin_   _Ozark Mo._
20. FILED _2-2_ 19_32_   _Mrs. L. B. Clem_   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Dec 17_ 19_31_

22. I HEREBY CERTIFY, That I attended deceased from _Dec 16_, 1931, to _Dec 17_, 1931.
I last saw her alive on _Dec 16_, 1931. Death is said to have occurred on the date stated above, at _7_ _a_.m.
The principal cause of death and related causes of importance were as follows:

Influenza   Date of onset _Dec 6-1931_

pleurisy
_109 B_

Other contributory causes of importance:
Pneumonia   _Dec 10 - 1931_

Name of operation _____ Date of _____
What test confirmed diagnosis? _none_   Was there an autopsy? _no_

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19_____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _no_
If so, specify _____

(Signed) _R. R. Farthing_, M. D.
(Address) _Ozark_